

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

**FORM-GB**Gift or Bequest information received  
by a department or accepted by the  
Governor on behalf of the state**For office use only**

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

<b>DHS Glenwood Resource Center</b>	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1251	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

2012 NOV 28 PM 1:33  
IOWA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

**DONOR OF GIFT OR BEQUEST:**

ALA Homer Hall %Amelia Wiegel	
Name	
Box 41	Charter Oak, IA 51439
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/19/2012	\$271.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Clothing, scrapbooks, pencils, notebooks

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger  
Signature

11/21/2012

Date

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<b>DHS Glenwood Resource Center</b>	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1251	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

 2012 NOV 28 11:33  
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
**DONOR OF GIFT OR BEQUEST:**

Emilie Dick	
Name	
222 Timber Dr	Council Bluffs, IA 51503
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/19/2012	\$200.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Clothing, dresser, TV

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger  
Signature

11/21/2012

Date

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

DHS Glenwood Resource Center

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1251

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Diana Hoogestraat

Name

1407 W. Sharp St

Glenwood, IA 51534

Mailing Address

City, State, Zip Code

712-527-4688

Area Code &amp; Telephone Number

Email Address (optional)

11/16/2012

\$53.50

Date of Gift or Bequest

Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Birthday party-pizza, pasta &amp; pop

Criteria to use this form:

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**Statement of Affirmation:**

I, Ruth Messinger

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/16/2012

Date